Provider Insider

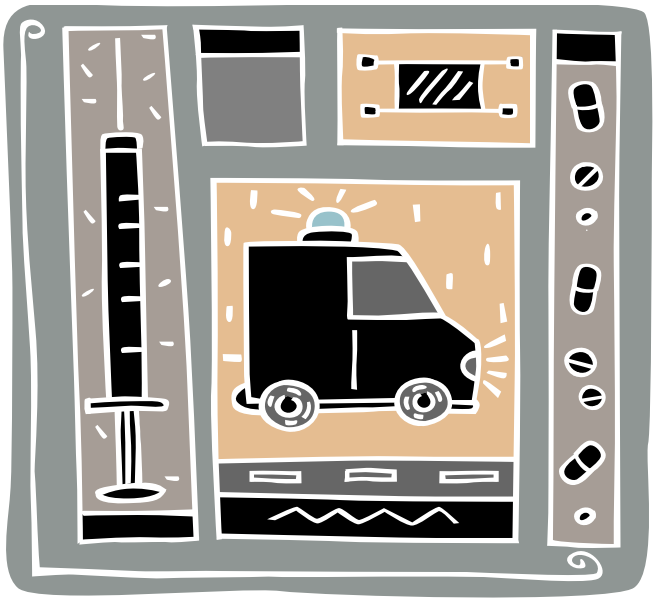
Alabama Medicaid Bulletin — **January 2004**

The checkwrite schedule is as follows:

01/02/04 01/16/04 02/06/03 02/20/04 03/05/04

As always, the release of direct deposits and checks depends on the availability of funds.

Medicaid Requires All PHP Claims be Filed According to Guidelines



All PHP claims must be filed according to the established PHP filing limit guidelines. All inpatient claims must be filed within 120 days from the end of the fiscal year which begins October 1 and ends September 30. The filing limit is the last day of February of the following year. Listed below are examples of filing deadlines:

- Any inpatient claims for retroactive eligibility with dates of service from October 1 through September 30 that are filed after the last day of February of the following year will be denied by Medicaid. Hospitals must seek payment, if any, from the PHP. Recipients **may not** be billed for claims denied for this reason. However, a hospital that accepts a patient as private pay before rendering service is not obligated to bill Medicaid if the patient receives retroactive eligibility after the PHP filing limit. Recipients **may** be billed in these cases.
- Any inpatient claims with dates of service prior to October 1 of the previous fiscal year are considered outdated. Recipients **may not** be billed.
- Any inpatient claims with dates of service from October 1 through September 30 that are filed after the last day of February of the following year will be denied by Medicaid as exceeding the PHP filing limit. Recipients may not be billed for claims denied for this reason.
- Any inpatient claims with dates of service from October 1 through September 30 that are filed after the last day of February of the following year with third party liability (either paid or denied) will be denied by Medicaid. The usual third party filing limits will not apply. Recipients may not be billed for claims denied for this reason.

In This Issue…

Medicaid Requires All PHP Claims Be Filed According to Guidelines 1
Hysterectomy Consent Form Has Been Revised 2
Note to DME Providers 2
Space Maintainers: CDT Codes D1510, D1515, D1520, and D1525 2
Information About the 2004 HCPCS Codes 2
Dental Reminders 2
Sterilization Timeframe Clarification 3
Long Term Care Outreach and Education is Available to Provider Training 3
Providers Given Option of Obtaining Blood Lead Level 3
Classic Optical Website Now Available 3
How to Check for Upgrades to Provider Electronic Solutions 4
Medicaid Monthly Retrospective Reviews 4
Administrative Code News 4
Attention Occupational and Physical Therapy Providers 4
Dental Provider Database Created 4
Billing Procedures for Maternity Care Program 5
Implementation of the Preferred Drug List Has Begun 5
Medicaid Information Concerning Motorized / Power Wheelchairs 6
Alabama Medicaid: In The Know 7
Medicaid Information Concerning Motorized / Orthodic Devices 8

Pass It On!

Everyone needs to know the latest about Medicaid.

Be sure to route this to:

- ❒ *Office Manager*
- ❒ *Billing Dept.*
- ❒ *Medical/Clinical Professionals*
- ❒ *Other _____*

Hysterectomy Consent Form Has Been Revised

The hysterectomy consent form was revised recently. The revised hysterectomy consent form (form # PHY-81243) becomes effective January 1, 2004. Instructions for completing the consent form will be on the back of the consent form.

The form was revised to include a section for unusual circumstances. Now this form can be used by a physician to certify a patient was already sterile when the hysterectomy was performed; a hysterectomy was performed under a life threatening situation; or a hysterectomy was performed under a period of retroactive Medicaid eligibility. In all of these circumstances, medical records must be forwarded to EDS along with the hysterectomy consent form and claim(s) in order for a State review to be performed.

Please note, only the surgeon should submit a hysterectomy consent form to EDS. All other providers should not request and submit copies of the consent form. Multiple copies slow down the consent form review and claims payment process.

It is also important to note that certain fields on the hysterectomy consent form are non-correctable. The non-correctable fields include the recipient's signature and date of signed informed consent, the provider's signature and date of informed consent and the representative's signature and date of informed consent (if the recipient requires a representative to sign for them). If a non-correctable field is missing, contains invalid information or indicates the recipient/representative or physician signed after the date of surgery, EDS will deny the consent form. The new form in available on our website at *www.medicaid.state.al.us*.

Note to DME Providers

It is a Medicaid requirement that Durable Medical equipment providers have Medicare certification prior to enrollment with the Medicaid Agency. Centers for Medicare & Medicaid Services, Office of Inspector General (OIG) issued a press release September 9, 2003, stating that CMS does not anticipate issuing any new supplier numbers until early 2004. The Alabama Medicaid Agency will not issue any new provider numbers until CMS actually starts to enroll providers.

If you have questions or need any additional information, you may contact the Long Term Care Division at (334) 293-5504.

Space Maintainers: CDT Codes D1510, D1515, D1520, and D1525

Effective with HIPAA implementation, Claims Submissions and Prior Authorization Requests for space maintainers will require a tooth letter when filing or requesting these codes. The letter of the tooth lost that the space maintainer is preserving space for must be listed.

Only one tooth letter may be listed for a given space maintainer code requested. If more than one tooth has been lost (e.g.-bilateral space maintainer case), providers should list the most recent tooth letter that has been lost. If two or more teeth have been extracted on the same date of service, select the most anterior covered tooth of the teeth extracted.

Space maintainers, when indicated, should be placed as soon as possible after the early primary tooth loss, but no later than 180 days after extraction or loss to be eligible for coverage. Space maintainers for: premature loss of primary incisors, for loss of permanent teeth, or serving solely as "pedo bridges" are not covered. Space maintainers are limited to one per recipient's lifetime for a given space to be maintained. If you have questions, you may call the Dental Program at 334-242-5997.

Information About the 2004 HCPCS Codes

Medicaid's system has been updated to accept the 2004 HCPCS codes effective for dates of service on or after January 1, 2003. However, the codes added for 2004 have not been priced yet and will suspend until a price is established. The deleted codes will continue to be accepted through March 31, 2004.

DENTAL REMINDERS

- When billing services for supernumerary teeth, you must use the new values with implementation for the new PES software regardless of the date of service. The system will not recognize the value of "99" for supernumerary and will deny/reject the claims if this value is used. Please refer to your Provider Manual Chapter 13 for these values.
- Tooth numbers will be required for periapical x-ray codes D0220 and D0230. You should not bill for multiple units of services on these codes.
- Providers should not bill more than two Oral Cavity Designation codes per detail line on electronic claims. When billing on paper claims, the oral cavity designation codes should be entered in the tooth surface field with only one value per line. Procedure codes for Oral Cavity Designations include D4341, D4355, D4910, D7471 and D7970. Please refer to your Provider Manual Chapter 13 for these values.

Sterilization Timeframe Clarification

The Code of Federal Regulations (CFR) requires that several requirements be met before requests can be approved. The Consent Signature Date must be signed by a recipient at least 21 years of age. The Consent Signature Date must be at least 30 days prior to the date of the sterilization procedure with two (2) exceptions only:

(1) Premature delivery and (2) Emergency Abdominal surgery.

The following explains requirements which should be met for either (1) or (2) to be checked.

Check (1) if gestational age of 37 weeks or less. This must be documented by EDC and supported by the medical records submitted.

Check (2) if C-section or if other emergency abdominal procedures are performed for emergent indications. If C-section is previously planned must be performed prior to date previously scheduled.

There must be at least 30 days between Consent Signature Date and Estimated Date of Confinement (EDC) and at least 72 hours between Signature Date and Sterilization Procedure Date.

NOTE: Routine (planned) C-sections are not considered "Emergency Abdominal Surgery" and thus do not meet CFR requirements.

Long Term Care Outreach and Education is Available to Provide Training

Have you heard about the Outreach and Education (O&E) Unit at the Alabama Medicaid Agency?

This Unit was developed as a result of the Real Choice Systems Change Grant. The Centers for Medicare and Medicaid Services (CMS) awarded this grant to the Alabama Medicaid Agency in September 2001 to promote opportunities for people of any age, with a long term illness or disability, to live in the least restrictive setting. The project goals are two-fold; to make lasting changes to the Long Term Care System, and to create and expand system-wide opportunities for consumer choice and control over home and community based services.

The mission of the Outreach and Education Unit is to identify educational and training opportunities, and to enhance the knowledge of long-term care providers, consumers, and advocates who utilize long term care services.

The Long Term Care Outreach and Education Unit can provide training in the following areas:

- Medicaid Home and Community Based Service Waivers
- The Nursing Home Program
- Private Duty Nursing
- Home Health Care
- Targeted Case Management
- Durable Medical Equipment
- The Ombudsman Program
- Other grant initiatives

Give us a call today, and book a training session. If you are interested, please contact Hattie Nettles at (334) 242-5644 or by email at hnettles@medicaid.state.al.us to discuss details of the training.

NOTE: Book trainings two (2) weeks in advance to allow adequate time for planning and preparation and avoid scheduling conflicts.

Providers Given Option of Obtaining Blood Lead Level

Providers have the option of obtaining the lead and Hct or Hgb at either nine or twelve months of age to satisfy well child check-up (EPSDT) screenings. However, all children must have a blood lead test at 12 and 24 months of age if one has not been performed or if it is unknown if the child has had a blood lead test performed at these ages. A screening blood lead test is required for any child between 36 to 72 months of age that has not previously been screened for lead poisoning. An initial lead toxicity assessment should be performed beginning at nine months of age and continue through 72 months of age. Please refer to Appendix A for the lead toxicity assessment questionnaire. Since virtually all children are at risk for lead poisoning, universal screening is recommended. All lead levels > 10 ìg/dL must be reported to the Health Department on the ADPH FHS-135 form. Forms and educational materials are available at the Health Departments website www.adph.org/aclppp. For questions, please call 1-334-206-2966. Keep Alabama's kids lead free!

Classic Optical Website Now Available

All Alabama providers are able to access the website for order entry and submission to Classic Optical for eyeglasses. By using the website, your orders will be processed much faster. The website order form is identical to the paper form you are currently using.

Each provider has been assigned a Login and Password. Your Login is your phone number (minus area code and hyphens) and your Password is your Medicaid provider number (including leading zeroes). You will receive a copy of your order, in your email box, when Classic downloads your completed order. This will serve as your acknowledgement of receipt. If you should have any problems, questions or comments please call Customer Service at 1-888-522-2020.

Classic's website contains up-to-date information such as your contract frames list with pictures of each frame available and the current backorder frames list.

How To Check For Upgrades to Provider Electronic Solutions

Providers may check for upgrades to the Provider Electronic Solutions software by opening the software and clicking on TOOLS and selecting Get Upgrades. If an upgrade is available the software will download it. Please note that the download process may take a long time due to the size of the file and the speed of your connection. Providers will need to install the upgrade once the download is complete. To do so, you must exit the software and go to Start >> Programs >> AL EDS Provider Electronic Solutions >> Upgrade. Providers may also download upgrades from the Medicaid website at: www.medicaid.state.al.us by selecting the Provider link and clicking on Software and then selecting the appropriate file to download. Additional Upgrade instructions can be found in Section 2.6 of the software's user guide.

Medicaid Monthly Retrospective Reviews

The Alabama Medicaid Agency's Long Term Care Admissions/Records Unit has completed the first five (5) months of the retrospective review process which began March 3, 2003. Effective with audit requests initiated in October 2003, Medicaid will require the providers to **strictly comply** with physician certification signatures and date requirements. The signature must be the signature of the physician. The certification dated by the physician must be the date that the physician certifies the skilled nursing facility level of care. The certification date must be equivalent to the Medicaid requested admission date or may be up to thirty days prior to the Medicaid admission date. Records audited by the Long Term Care Admissions Records/Unit that are not in compliance with this requirement, will be subject to recoupment or other action deemed appropriate by the Medicaid Agency.

Administrative Code News

Effective January 1, 2004, the Alabama Medicaid Administrative Code will no longer be reproduced on diskettes. It will be on the CD with the Provider Billing Manual that is distributed quarterly by EDS. The Administrative Code can still be found online at www.medicaid.state.al.us.

Attention Occupational and Physical Therapy Providers

Effective January 1, 2004 supervision for Certified Occupational Therapy Assistants and Licensed Physical Therapy Assistants will include one-to-one on-site visits by the Occupational Therapist or the Physical Therapist respectively every sixth visit. Each supervisory visit must be documented and signed by the OT or PT making the supervisory visit. This replaces the eight hours per month requirement for supervision.

Dental Provider Database Created

Medicaid has developed a Dental Provider Database where providers are listed by county with their name, telephone number, specialty and any comments such age preference, appointment days and special considerations. The database is divided into two lists:

- The In-House list which is used by Medicaid employees to assist recipients or providers over the telephone with identifying Medicaid dental providers in their county.
- The Published list which is located on Medicaid's web to assist physicians, other dentists with locating dentists for their Medicaid patients. Some dental providers do not wish to be included on this list. The Medicaid website address is *www.medicaid.state.al.us*.

If you would like to be added, make changes or add comments for your office to the In-House or Published list or need help with finding the Dental Provider List on Medicaid's web, you may contact Iola Dow at (334) 353-5959.

Important Mailing Addresses	
All Claim forms, Consent forms, and other mail	EDS Post Office Box 244032 Montgomery, AL 36124-4032
Inquiries, Provider Enrollment Information, and Provider Relations	EDS Post Office Box 241685 Montgomery, AL 36124-1685
Adjustments	EDS Post Office Box 241684 Montgomery, AL 36124-1684

Billing Procedures for Maternity Care Program

Non-Emergency Hospitalizations

When non-emergency in-patient (recipient) hospitalization occurs at a non-subcontracting hospital (in-state or out-of-state), the primary contractor shall not be responsible for reimbursement unless the Primary Contractor referred or gave consent for services to be provided prior to the services being rendered. In these cases, the recipient is responsible for payment of charges incurred.

Emergency Hospitalizations

When emergency hospitalizations occur at a non-subcontracting hospital, the Primary Contractor shall pay the non-subcontracting hospital and attending physician at an amount not to exceed the amount Alabama Medicaid would have paid fee-for-service. The non-subcontracting hospital is responsible for notifying the Primary Contractor as soon as possible that a recipient from their district is receiving care. The Primary Contractor shall be responsible for reimbursing pregnancy-related emergency care deemed as medically necessary. The Primary Contractor has the privilege to have the recipient transferred to a contracting hospital once the emergency medical condition has been stablized and the transfer does not represent a danger to the health of the mother or the infant.

Implementation of the Preferred Drug List (PDL) Has Begun

In accordance with Alabama Act No. 2003-297, Alabama Medicaid is implementing a mandatory Preferred Drug List (PDL). The Preferred Drug List will be comprised of all covered generic and over-the-counter products. In addition, certain brand name products may be preferred agents. Non-preferred agents for the classes reviewed will require prior authorization. Prescriptions written for brand-preferred drugs, generic, and over-the-counter drugs will not require prior authorization.

Effective January 5, 2004 the Alabama Medicaid will require prior authorization for the payment of non-preferred brand Skeletal Muscle Relaxants. The new prior authorization request form is available on the Medicaid website and should be utilized by the prescribing physician or the dispensing pharmacy in requesting prior authorization. Requests may be called in, faxed or mailed to:

Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210
Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130

PA requests failing to meet Alabama Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

During the month of December 2003, pharmacists received a soft edit if a claim was entered for a non-preferred brand product in this class. The message notified the pharmacist that effective January 5, 2004, a prior authorization was required for the non-preferred prescribed product. During this initial phase, the pharmacist could override this alert at the pharmacy level.

Policy questions concerning this should be directed to Louise F. Jones, Director Pharmacy Services Division at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

Medicaid Information Concerning Motorized / Power Wheelchairs

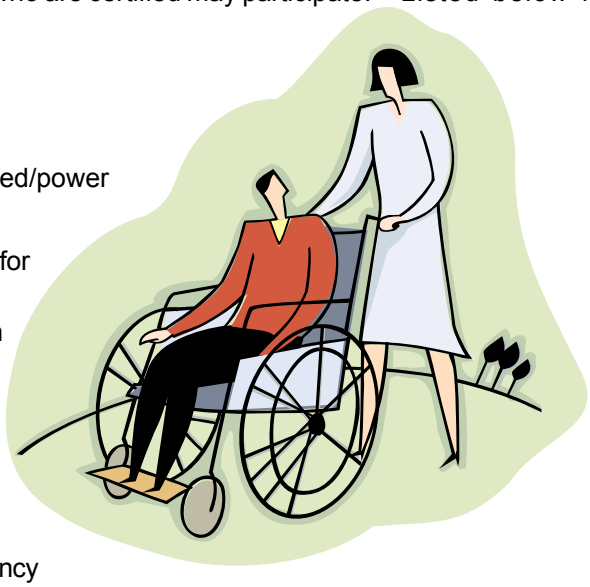
Effective June 20, 2003, the Alabama Medicaid Agency began covering motorized/power wheelchairs for adults age 21 and above. To qualify for motorized/power wheelchairs an individual must meet full Medicaid financial eligibility and established medical criteria. All requests for motorized/power wheelchairs are subject to the Medicaid Prior Approval provisions established by the Alabama Medicaid Agency. The patient must meet criteria applicable to manual wheelchairs pursuant to the Alabama Medicaid Agency Administrative Code Rule No. 560-X-13-.17. The attending physician must provide documentation that a manual wheelchair cannot meet the individual's medical needs, and the patient must require the motorized/power wheelchair for six (6) months or longer.

The following are policies related to the coverage of motorized/power wheelchairs:

- Motorized/power wheelchair base codes covered are K0010, K0011, K0012 and K0014.
- Wheelchair accessories should be billed utilizing procedure codes listed under the wheelchair accessories section in the Durable Medical Equipment Chapter 14 of the Alabama Medicaid Provider Manual. Accessories for the motorized/power wheelchairs will be reimbursed at a maximum of $1200 per approved wheelchair.
- Repairs and/or replacement of parts for motorized/power wheelchairs will require prior authorization by the Alabama Medicaid Agency. Prior authorization may be granted for repairs and replacement parts for motorized/power wheelchairs not previously paid for by Medicaid and those prior authorized through the EPSDT program. Wheelchair repairs and replacement parts for motorized/power wheelchairs may be covered using the appropriate codes listed above for wheelchair accessories or procedure code K0108 (other accessories).
- Reimbursement may be made for up to one month for a rental of a wheelchair using procedure code K0462 while patient owned equipment is being repaired.
- A supplier providing motorized/power wheelchairs to recipients must be registered as a Rehab Technology Supplier (RTS) by the National Registry of Rehab Technology Suppliers (NRRTS). As an alternative, a supplier shall be certified as a Certified Rehab Technology Supplier (CRTS) or Assistive Technology Supplier (ATS) from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). Suppliers who are not presently certified may participate if they can document that they are currently involved in classes or in the application process which will result in the certification. After October 1, 2004, only suppliers who are certified may participate. Listed below is the contact information for the RESNA Certification Office:

Ms. Tonya Vaughn	**(703) 524-6686**
Fax number	**(703) 524-6630**
E-mail address	**www.RESNA.org**

The following is the process for obtaining prior approval of a motorized/power wheelchair and accessories:



- The attending physician must provide the patient with a prescription for the motorized/power wheelchair.
- The attending physician must provide medical documentation that describes the medical reason(s) why a motorized/power wheelchair is medically necessary. The medical documentation should also include diagnoses, assessment of medical needs, and a plan of care.
- The patient must choose a Durable Medical Equipment (DME) provider that will provide the wheelchair.
- The DME provider should arrange to have the Alabama Medicaid Agency Motorized Power Wheelchair Assessment Form 384 completed by an Alabama licensed physical therapist who is employed by a Medicaid enrolled hospital outpatient department. The physical therapist's evaluation is paid separately and is not the responsibility of the DME provider. Listed on page 8 of this Provider Insider is contact information for hospitals participating in physical therapy evaluations.
- The DME provider must ensure that the prior authorization request for the motorized/power wheelchair includes the product's model number and name, the name of the manufacturer, and a list of all wheelchair accessories with applicable procedure codes.
- The DME provider will complete the Alabama Medicaid Agency Prior Authorization Form 342 and submit Form 384 along with medical documentation from the physician and mail to EDS, Prior Authorization Unit, P.O. Box 244036, Montgomery, Alabama 36124-4036.

(Continued on page 8)

Alabama Medicaid

In The Know

General Information Providers Need to Know When Billing to the Alabama Medicaid Agency

How to Request Eligibility Verification and Claim Status on the Interactive Services Website

For instructions on how to obtain your User ID and Password for these web-based capabilities outlined below, refer to Section 2.4 of the Web User Guide

Eligibility Verification Request:

Step 1: Access and login the Alabama Medicaid Agency's Interactive Services website by accessing the following link: https://almedicalprogram.alabama-medicaid.com/secure

Step 2: Click on the Eligibility button located on the navigational toolbar.

Step 3: Enter the Provider ID in the text box provided (no leading spaces required).

Step 4: Enter the From Date of Service (MM/DD/CCYY format).

Step 5: Enter the 12-digit Recipient ID or any of the following Search options:

- Recipient's First and Last Name and Date of Birth
- Recipient's First and Last Name and Social Security Number
- Recipient's Date of Birth and Social Security Number

Step 6: Click on the Verify Eligibility button to initiate the search.

Claims Status Request

Step 1: Access and login the Alabama Medcaid Agency's Interactive Services website by accessing the following link: https: //almedicalprogram.alabama-medicaid.com/secure

Step 2: Click on the Claim Status button located on the navigational toolbar.

Step 3: Enter the Provider ID in the text box provided (no leading spaces required).

Step 4: Enter the Provider's last name in the text box provided (up to 15 characters).

Step 5: Enter the 12-digit Recipient ID in the text box provided (Date of Birth and Gender are optional fields).

Step 6: Enter the Recipient's last name and first name in the text boxes provided.

Step 7: Enter the From Date of Service (MM/DD/CCYY format).

Step 8: Enter the Original Billed Amount in the text box provided.

Note: You may enter the ICN, Medical Record Number, Amount Billed, or Type of Bill to further tailor the request.

Step 9: Click on the Check Claim Status button to initiate the search.

Hospitals Participating in Physical Therapy Evaluations (Continued from page 6)

PROVIDER NAME	PROVIDER ADDRESS	PHONE #
ANDALULSIA HOSPITAL	P O BOX 760 , ANDALUSIA	334-222-6982
SPAIN REHAB CENTER/UAB	1717 6TH AVE. S., RM 385, BIRMINGHAM	205-975-4922
WIREGRASS MEDICAL CENTER	1200 MAPLE AVE. , GENEVA	334-684-3655
NORTHPORT MEDICAL CENTER.	2700 HOSPITAL DR. , NORTHPORT	205-333-4900
BAPTIST WALKER REHAB	3400 HWY 78 EAST, JASPER	205-387-4063
JACKSON HOSPITAL PHYSICAL THERAPY	1725 PINE ST. , MONTGOMERY	334-293-8158
BAPTIST MEDICAL CENTER CHEROKEE	400 NORTHWOOD DR. , CENTER	256-927-1401
LANIER HEALTH SERVICES	4800 48TH ST. , VALLEY	334-756-1126
UAB MEDICAL WEST	P O BOX 847 HWY 11-S, BESSEMER	205-481-7125
BAPTIST DEKALB PHYSICAL THERAPY	200 MEDICAL CTR. DR. , FT. PAYNE	256-997-2460
HUNTSVILLE HOSPITAL OUTPATIENT/PT	1963 MEMORIAL PARKWAY, HUNTSVILLE	256-265-7101
JACKSON COUNTY HOSPITAL	380 WOODS COVE RD. , SCOTTSBORO	256-218-3760
BIBB MEDICAL CENTER	208 PIERSON AVE., CENTERVILLE	205-926-3261

Medicaid Information Concerning Orthotic Devices

Effective September 1, 2003, procedure codes L1520 (THKAO, swivel walker), L1300 (other scoliosis procedure, body jacket molded to patient model), and L1310 (other scoliosis procedure, post operative body jacket) will require prior authorization by the Alabama Medicaid Agency. L1300 and L1310 should only be requested if an appropriate HCPCS code for the equipment is not available. Request for coverage of these codes must be submitted using Alabama Medicaid's Prior Approval Process. All supporting medical documentation justifying the need for these orthotic devices must accompany the prior authorization request.

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Alabama Medicaid Bulletin

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